

THIS FORM IS CONFIDENTIAL AND IS NOT A PUBLIC RECORD.

In the Gilbert Municipal Court, 55 E. Civic Center Dr. Suite 101 Gilbert, AZ 85296 (480) 635-7800
www.gilbertaz.gov/court

Case No. _____

Plaintiff's Information Sheet

Please PRINT all information on this form and on the petition *after* you have read the Plaintiff's Guide Sheet for Protective Orders.

Your name _____ Your birth date _____
Main phone number _____ *Cell _____
Address _____ *May the court text you at this or another number?
City, State, ZIP _____ ☐ Yes ☐ No Alternate number _____
Mailing address _____
(if different) _____ Email _____

CONFIDENTIAL ADDRESS. Your address and contact information are confidential. Indicate any other addresses that should be kept confidential. Do **not** include confidential addresses on the petition as a copy of it will be served on the defendant. ☐ Keep work address confidential. ☐ Keep school address confidential.

RELATIONSHIP*

Choose the option that best describes your relationship to the defendant.
*If you are applying on behalf of another person, choose the relationship between the **other person** and the defendant.

- | | |
|--|--|
| <input type="checkbox"/> Married (past or present) | <input type="checkbox"/> Related as parent, grandparent, child, grandchild, brother, sister (including step or in-law) |
| <input type="checkbox"/> Live/lived together as intimate partners | <input type="checkbox"/> Live/lived together but not as intimate partners |
| <input type="checkbox"/> Romantic or sexual relationship (past or present) | <input type="checkbox"/> Dating (but not romantic or sexual) |
| <input type="checkbox"/> Parent of a child in common | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> One party is pregnant by the other | |

Defendant's name _____ Telephone _____
Address _____ Cell phone _____
City, State, ZIP _____ Email _____

DEFENDANT IDENTIFIERS	Sex	Race	Birth date	Height	Weight
Please provide all information to the best of your knowledge. <i>If you do not know the defendant's birth date, make your best guess.</i> If you have estimated the birth date, please check the "Estimated" box.			<i>required</i> <input type="checkbox"/> Actual <input type="checkbox"/> Estimated		
	Eye color	Hair color	Social Security #		
	Driver license #: _____ State: _____ Expiration date: _____				